UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

## NOTICE OF ALLOWANCE AND FEE(S) DUE

7590

06/26/2006

Howard M. Cohn Suite 220 21625 Chagrin Blvd. Cleveland, OH 44122 EXAMINER

KNABLE, GEOFFREY L

ART UNIT PAPER NUMBER

1733

DATE MAILED: 06/26/2006

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR  | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|-----------------------|---------------------|------------------|
| 10/828 362      | 04/20/2004  | William Dudley Currie | DN2001168DO1        | 4877             |

TITLE OF INVENTION: EXPANDABLE TIRE BUILDING DRUM WITH ALTERNATING FIXED AND EXPANDABLE SEGMENTS, AND CONTOURS FOR SIDEWALL INSERTS

| APPLN. TYPE    | PLN. TYPE SMALL ENTITY ISSUE FEE |        | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |  |
|----------------|----------------------------------|--------|-----------------|------------------|------------|--|
| nonprovisional | NO                               | \$1400 | \$300           | \$1700           | 09/26/2006 |  |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

| maintenance fee notification                                                                                                                                                              | ns.                                                                                                                                                 |                                                                                            |                                                                                                                                                                                                  |                                               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| CURRENT CORRESPONDENC                                                                                                                                                                     | E ADDRESS (Note: Use Block 1 for                                                                                                                    | any change of address)                                                                     |                                                                                                                                                                                                  |                                               | Fee(s) Transmittal. The papers. Each additional                                                                          | mailing can only be used fair certificate cannot be used all paper, such as an assignment of mailing or transmission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | for any other accompanying                                                                                                                           |  |
| 75                                                                                                                                                                                        | 90 06/26/2006                                                                                                                                       |                                                                                            |                                                                                                                                                                                                  |                                               | nave its own certificat                                                                                                  | e of mailing or transmission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                      |  |
| Howard M. Cohn<br>Suite 220<br>21625 Chagrin Blv                                                                                                                                          | rd.                                                                                                                                                 |                                                                                            |                                                                                                                                                                                                  |                                               | Ce<br>I hereby certify that the<br>States Postal Service addressed to the Mai<br>transmitted to the USF                  | rtificate of Mailing or Transhis Fee(s) Transmittal is bein with sufficient postage for fill Stop ISSUE FEE address PTO (571) 273-2885, on the control of th | smission g deposited with the United st class mail in an envelope above, or being facsimile date indicated below.                                    |  |
| Cleveland, OH 441                                                                                                                                                                         | .22                                                                                                                                                 |                                                                                            |                                                                                                                                                                                                  |                                               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Depositor's name)                                                                                                                                   |  |
|                                                                                                                                                                                           |                                                                                                                                                     |                                                                                            |                                                                                                                                                                                                  |                                               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Signature)                                                                                                                                          |  |
|                                                                                                                                                                                           |                                                                                                                                                     |                                                                                            |                                                                                                                                                                                                  |                                               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Date)                                                                                                                                               |  |
| APPLICATION NO.                                                                                                                                                                           | FILING DATE                                                                                                                                         | 1                                                                                          | FIRST NAMED II                                                                                                                                                                                   | NVEN                                          | TOR                                                                                                                      | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CONFIRMATION NO.                                                                                                                                     |  |
| 10/828,362                                                                                                                                                                                | 04/20/2004                                                                                                                                          |                                                                                            | William Dudle                                                                                                                                                                                    | ey Cu                                         | ттіе                                                                                                                     | DN2001168DO1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4877                                                                                                                                                 |  |
| TITLE OF INVENTION:<br>CONTOURS FOR SIDEWA                                                                                                                                                |                                                                                                                                                     | UILDING DRUM                                                                               | WITH ALTE                                                                                                                                                                                        | ERNA                                          | TING FIXED AND                                                                                                           | EXPANDABLE SEGMEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TS, AND                                                                                                                                              |  |
| APPLN. TYPE                                                                                                                                                                               | SMALL ENTITY                                                                                                                                        | ISSUE FE                                                                                   | EE                                                                                                                                                                                               | PU                                            | JBLICATION FEE                                                                                                           | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE DUE                                                                                                                                             |  |
| nonprovisional                                                                                                                                                                            | NO                                                                                                                                                  | \$1400                                                                                     |                                                                                                                                                                                                  |                                               | \$300                                                                                                                    | \$1700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 09/26/2006                                                                                                                                           |  |
| EXAM                                                                                                                                                                                      | IINER                                                                                                                                               | ART UN                                                                                     | IT                                                                                                                                                                                               | CLASS-SUBCLASS                                |                                                                                                                          | ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                      |  |
| KNABLE, GEOFFREY L                                                                                                                                                                        |                                                                                                                                                     | 1733                                                                                       | 156-417000                                                                                                                                                                                       |                                               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |  |
| 1. Change of correspondence CFR 1.363).                                                                                                                                                   | e address or indication of "F                                                                                                                       | ee Address" (37                                                                            | 2. For printing on the patent front page, list     (1) the names of up to 3 registered patent attorneys                                                                                          |                                               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |  |
| Change of correspond                                                                                                                                                                      | dence address (or Change of 22) attached.                                                                                                           | Correspondence                                                                             | or agents OR                                                                                                                                                                                     | k, alter                                      | matively,                                                                                                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                      |  |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.                                           |                                                                                                                                                     |                                                                                            | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |  |
| 3. ASSIGNEE NAME AND                                                                                                                                                                      | RESIDENCE DATA TO B                                                                                                                                 | E PRINTED ON T                                                                             | HE PATENT (                                                                                                                                                                                      | print c                                       | or type)                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |  |
| PLEASE NOTE: Unless recordation as set forth in                                                                                                                                           | an assignee is identified be<br>37 CFR 3.11. Completion                                                                                             | elow, no assignee of this form is NOT                                                      | data will appear<br>a substitute for                                                                                                                                                             | r on t<br>r filing                            | he patent. If an assign                                                                                                  | nee is identified below, the d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | locument has been filed for                                                                                                                          |  |
| (A) NAME OF ASSIGN                                                                                                                                                                        |                                                                                                                                                     |                                                                                            |                                                                                                                                                                                                  |                                               | CITY and STATE OR (                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |  |
| Please check the appropriate                                                                                                                                                              | e assignee category or catego                                                                                                                       | ries (will not be pri                                                                      | nted on the pate                                                                                                                                                                                 | ent) :                                        | ☐ Individual ☐ C                                                                                                         | orporation or other private gr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | oup entity Government                                                                                                                                |  |
| 4a. The following fee(s) are                                                                                                                                                              | enclosed:                                                                                                                                           | 4b                                                                                         | Payment of Fe                                                                                                                                                                                    | ` '                                           |                                                                                                                          | -1d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                      |  |
| ☐ Issue Fee☐ Publication Fee (No small entity discount permitted)                                                                                                                         |                                                                                                                                                     | ed)                                                                                        | ☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.                                                                                          |                                               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |  |
| Advance Order - # of Copies                                                                                                                                                               |                                                                                                                                                     |                                                                                            | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).                                      |                                               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |  |
| 5. Change in Entity Status                                                                                                                                                                | (from status indicated above                                                                                                                        |                                                                                            |                                                                                                                                                                                                  |                                               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |  |
| • •                                                                                                                                                                                       | MALL ENTITY status. See                                                                                                                             |                                                                                            |                                                                                                                                                                                                  |                                               |                                                                                                                          | LL ENTITY status. See 37 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                      |  |
| The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco                                                                                                         | is requested to apply the Issu<br>ublication Fee (if required) vords of the United States Pate                                                      | ne Fee and Publicat<br>will not be accepted<br>ent and Trademark                           | ion Fee (if any)<br>I from anyone of<br>Office.                                                                                                                                                  | or to<br>ther th                              | re-apply any previous<br>nan the applicant; a reg                                                                        | y paid issue fee to the applications istered attorney or agent; or t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ation identified above.  the assignee or other party in                                                                                              |  |
| Authorized Signature                                                                                                                                                                      | · · · · · · · · · · · · · · · · · · ·                                                                                                               |                                                                                            |                                                                                                                                                                                                  |                                               | Date                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |  |
| Typed or printed name                                                                                                                                                                     |                                                                                                                                                     |                                                                                            | Registration No.                                                                                                                                                                                 |                                               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |  |
| This collection of informatic<br>an application. Confidential<br>submitting the completed at<br>this form and/or suggestions<br>Box 1450, Alexandria, Virg<br>Alexandria, Virginia 22313- | on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. oplication form to the USPT is for reducing this burden, st inia 22313-1450. DO NOT 1450. | 11. The information 122 and 37 CFR 100. Time will vary could be sent to the SEND FEES OR C | n is required to<br>1.14. This collect<br>depending upor<br>Chief Informat<br>COMPLETED F                                                                                                        | obtair<br>ction i<br>n the i<br>tion O<br>ORM | or retain a benefit by<br>is estimated to take 12<br>individual case. Any cofficer, U.S. Patent and<br>IS TO THIS ADDRES | the public which is to file (an<br>minutes to complete, includion<br>ments on the amount of ti<br>Trademark Office, U.S. Dep<br>S. SEND TO: Commissioner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | d by the USPTO to process)<br>ng gathering, preparing, and<br>me you require to complete<br>artment of Commerce, P.O.<br>for Patents, P.O. Box 1450, |  |

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## United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO.                          | FILING DATE | FIRST NAMED INVENTOR  | ATTORNEY DOCKET NO.             | CONFIRMATION NO. |  |
|------------------------------------------|-------------|-----------------------|---------------------------------|------------------|--|
| 10/828,362                               | 04/20/2004  | William Dudley Currie | DN2001168DO1                    | 4877             |  |
| 7590 06/26/2006                          |             |                       | EXAM                            | INER             |  |
| Howard M. Cohn                           |             |                       | KNABLE, GEOFFREY L              |                  |  |
| Suite 220                                |             |                       | ART UNIT                        | PAPER NUMBER     |  |
| 21625 Chagrin Blvd<br>Cleveland, OH 4412 |             |                       | 1733<br>DATE MAILED: 06/26/2006 | 6                |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 176 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 176 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.